

Lincoln Police Department  
James Peschong, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov



February 14, 2012

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of U-Stop, 1301 South Street requesting a class D liquor license.

This location was previously known as Gas Plus which held a class B/K liquor license

Britany Grady has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mrs. Grady is an approved liquor license manager.

Mrs. Grady completed the required training on November 12<sup>th</sup> 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

  
JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) U-Stop #27

Street Address #1 1301 South St.

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster #2

Zip Code 68502

Premise Telephone number 402-435-0861

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission) city

Name Whitehead Oil Company

Street Address #1 2537 Randolph St.

Street Address #2 \_\_\_\_\_

City Lincoln

State NE

Zip Code 68510

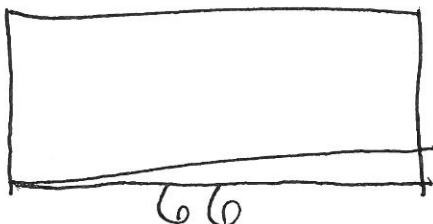
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**  
**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 66 feet  
Width 50 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



one story building  
approx 50 x 66

**APPLICATION FOR TEMPORARY  
OPERATING PERMIT ( T.O.P.)**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

**RECEIVED**

FEB 3 2012

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

- This application must be submitted along with a completed application for liquor license
- Agreement is effective upon issuance of a Temporary Operating Permit (T.O.P.)
- Agreement is effective up to 90 days from issuance of T.O.P.

**NAME OF EXISTING BUSINESS (SELLER) AND LICENSE**

# Gas Plus

On (date) February 1, 2012 seller and buyer entered into a contract for sale of the business known as  
Gas Plus

Purchase contract to be include with application for liquor license.

Buyer seeks to obtain a permit to allow them to operate the business under the same terms and conditions of premise licensee; subject to approval by the Nebraska Liquor Control Commission, (NLCC) for a period not to exceed 90 days.

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesaler under section §53-123.02.

A seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

Signature of Seller

State of Nebraska

County of LANCASTER

The forgoing instrument was acknowledged before  
me this 1<sup>st</sup> day of FEBRUARY, 2012  
Date

Notary Public Signature

Signature of Buyer

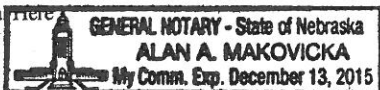
State of Nebraska

County of LANCASTER

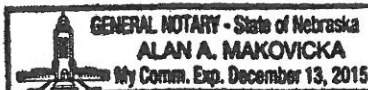
The forgoing instrument was acknowledged before  
me this 2<sup>nd</sup> day of FEBRUARY, 2012  
Date

Notary Public Signature

Affix Seal Here



Affix Seal Here



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Grady First Name: Britany MI: S

Home Address (include PO Box if applicable): 3070 Vine

City: Lincoln County: Lancaster Zip Code: 68503

Home Phone Number: 402-560-6031 Business Phone Number: 402-421-6633

Social Security Number \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE RHC 11-12-09

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spousal

Spouse's information

Spouses Last Name: Grady First Name: Dennis MI: R

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	1999	2012	Lincoln, NE	1999	2012

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	2012	Whitehead Oil (12 years)	Brian Makovicka	402-435-3509

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

U-Stop #14 D 54106

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

prints enclosed

5. List any alcohol related training and/or experience (when and where).

Responsible Beverage (online) July 28, 2010 Responsible Hospitality Class November 12, 2009

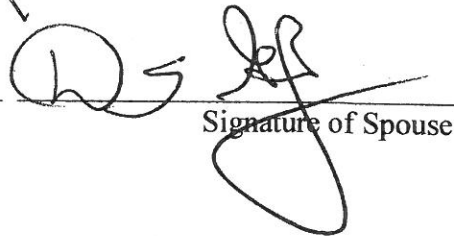
## PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

  
Signature of Manager Applicant

  
Signature of Spouse

### ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

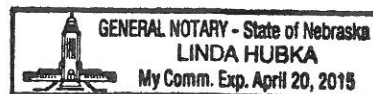
JANUARY 31, 2012  
date

by BRITANY GRADY AND DENNIS GRADY  
name of person acknowledged



Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

RECEIVED

FEB 3 2012

NEBRASKA LIQUOR  
CONTROL COMMISSION

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

CHILD - NAME		DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	
1. <b>Brittany</b>		72		7:33 A.M.	
2. <b>Female</b>		3. <b>Single</b>		4. <b>Lancaster</b>	
5. <b>Lincoln</b>		6. <b>St. Elizabeth Community Health Center</b>		7. <b>Lancaster</b>	
8. <b>Helen</b>		9. <b>Jean</b>		10. <b>Scott</b>	
11. <b>Nebraska</b>		12. <b>Lincoln</b>		13. <b>68505</b>	
14. <b>Brian</b>		15. <b>Scott</b>		16. <b>Davis</b>	
17. <b>Mrs. Brian S. Davis</b>		18. <b>Scott</b>		19. <b>Davis</b>	
20. <b>Nebraska</b>		21. <b>Lincoln</b>		22. <b>68505</b>	
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425. <b>Nebraska</b>		426. <b>Lincoln</b>		427. <b>68505</b>	
428. <b>Nebraska</b>		429. <b>Lincoln</b>		430. <b>68505</b>	
431. <b>Nebraska</b>		432. <b>Lincoln</b>		433. <b>68505</b>	
434. <b>Nebraska</b>		435. <b>Lincoln</b>		436. <b>68505</b>	
437. <b>Nebraska</b>		438. <b>Lincoln</b>		439. <b>68505</b>	
440. <b>Nebraska</b>		441. <b>Lincoln</b>		442. <b>68505</b>	
443. <b>Nebraska</b>		444. <b>Lincoln</b>		445. <b>68505</b>	
446. <b>Nebraska</b>		447. <b>Lincoln</b>		448. <b>68505</b>	
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452. <b>Nebraska</b>		453. <b>Lincoln</b>		454. <b>68505</b>	
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461. <b>Nebraska</b>		462. <b>Lincoln</b>		463. <b>68505</b>	
464. <b>Nebraska</b>		465. <b>Lincoln</b>		466. <b>68505</b>	
467. <b>Nebraska</b>		468. <b>Lincoln</b>		469. <b>68505</b>	
470. <b>Nebraska</b>		471. <b>Lincoln</b>		472. <b>68505</b>	
473. <b>Nebraska</b>		474. <b>Lincoln</b>		475. <b>68505</b>	
476. <b>Nebraska</b>		477. <b>Lincoln</b>		478. <b>68505</b>	
479. <b>Nebraska</b>		480. <b>Lincoln</b>		481. <b>68505</b>	
482. <b>Nebraska</b>		483. <b>Lincoln</b>		484. <b>68505</b>	
485. <b>Nebraska</b>		486. <b>Lincoln</b>		487. <b>68505</b>	
488. <b>Nebraska</b>		489. <b>Lincoln</b>		490. <b>68505</b>	
491. <b>Nebraska</b>		492. <b>Lincoln</b>		493. <b>68505</b>	
494. <b>Nebraska</b>		495. <b>Lincoln</b>		496. <b>68505</b>	
497. <b>Nebraska</b>		498. <b>Lincoln</b>		499. <b>68505</b>	
500. <b>Nebraska</b>		501. <b>Lincoln</b>		502. <b>68505</b>	
503. <b>Nebraska</b>		504. <b>Lincoln</b>		505. <b>68505</b>	
506. <b>Nebraska</b>		507. <b>Lincoln</b>		508. <b>68505</b>	
509. <b>Nebraska</b>		510. <b>Lincoln</b>		511. <b>68505</b>	
512. <b>Nebraska</b>		513. <b>Lincoln</b>		514. <b>68505</b>	
515. <b>Nebraska</b>		516. <b>Lincoln</b>		517. <b>68505</b>	
518. <b>Nebraska</b>		519. <b>Lincoln</b>		520. <b>68505</b>	
521. <b>Nebraska</b>					

# SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

# RECEIVED

FEB 3 2012

## NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Signature of spouse asking for waiver  
(Spouse of individual listed below)

Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

JANUARY 31, 2012

date

Notary Public signature

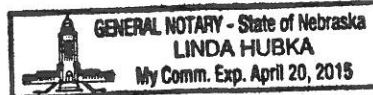
The foregoing instrument was acknowledged before me this

by

DENNIS GRADY

name of person acknowledged

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application  
(Spouse of individual listed above)

Printed name of applying individual

State of NEBRASKA

County of LANCASTER

JANUARY 31, 2012

date

Notary Public signature

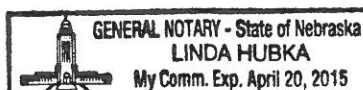
The foregoing instrument was acknowledged before me this

by

BRITANY GRADY

name of person acknowledged

Affix Seal



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

APPLICATION FOR LIQUOR LICENSE  
CORPORATION  
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)

Office Use

RECEIVED

FEB 3 2012

NEBRASKA LIQUOR  
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Mark A. Whitehead

Name of Corporation that will hold license as listed on the Articles

Whitehead Oil Company

Corporation Address: 2537 Randolph St.

City: Lincoln State: NE Zip Code: 68510

Corporation Phone Number: 402-435-3509 Fax Number: 402-435-5881

Total Number of Corporation Shares Issued: 1000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Whitehead First Name: Mark MI: A

Home Address: 2433 Woodscrest Ave. City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402-488-8578

Mark A. Whitehead

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

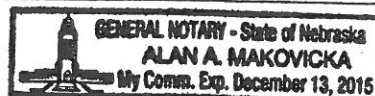
1<sup>st</sup> day of FEBRUARY, 2012 by MARK A. Whitehead

Date

name of person acknowledge

Alan A. Makovicka

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Whitehead First Name: Mark MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: President Number of Shares 520

Spouse Full Name (indicate N/A if single): Christian A. Whitehead

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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FEB 3 2012

NEBRASKA LIQUOR  
COMMISSION

Last Name: Jaggers First Name: Lesley MI: W

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Treasurer Number of Shares 240

Spouse Full Name (indicate N/A if single): Kent D. Jaggers

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: Uthoff First Name: Sydney MI: A

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: Secretary Number of Shares 240

Spouse Full Name (indicate N/A if single): Stephen J. Uthoff

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_